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## FAX TRANSMISSION

DATE: July 17, 2008

PTO IDENTIFIER: Application Number 10/800,230-Conf. #8565  
Patent Number

Inventor: Kazuhito MATSUDA et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: LAHIVE & COCKFIELD, LLP  
Anthony A. Laurentano

PHONE: (617) 994-0753

Attorney Dkt. #: TOW-067RCE

PAGES (Including Cover Sheet): 14

CONTENTS: Transmittal (1 page)  
Fee Transmittal (1 page in duplicate)  
One Month Request for Extension of Time (1 page)  
Amendment/Reply (8 pages)  
Charge \$120.00 to deposit account 12-0080  
Certificate of Transmission (1 page)

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PTO/SB/17 (10-07)

Approved for use through 09/30/2010. OMB 0651-0032  
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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2008 (H.R. 4818).

**FEES TRANSMITTAL**  
For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (8) 120.00 **Attorney Docket No.** TOW-067RCE

**METHOD OF PAYMENT** (check all that apply)

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 Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

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 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>	
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>
Utility	310	155	510	255	210	105
Design	210	105	100	50	130	65
Plant	210	105	310	155	160	80
Reissue	310	155	510	255	620	310
Provisional	210	105	0	0	0	0

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
					50	25
					210	105

HP = Highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

HP = Highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

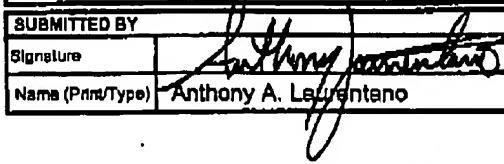
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
100	1/50	(round up to a whole number)		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

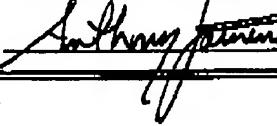
Other (e.g., late filing surcharge): 1251 Extension for response within first month

120.00

<u>SUBMITTED BY</u>		<u>Registration No.</u>	<u>Telephone</u>
Signature		(Attorney/Agent) 38,220	(817) 994-0763
Name (Print/Type)	Anthony A. Laurenzano	Date	July 17, 2008

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Dated: July 17, 2008

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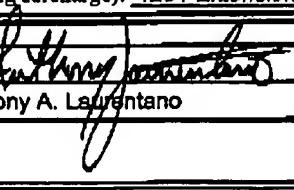
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PTO/SB/17 (10-07)  
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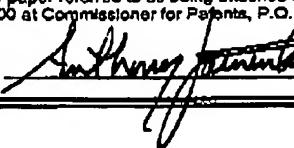
<b>Effective on 12/03/2006.</b> <b>Fee pursuant to the Consolidated Appropriations Act, 2009 (H.R. 4818).</b>		<b>Complete If Known</b>	
<b>Fee TRANSMITTAL</b> <b>For FY 2008</b>		Application Number	10/800,230-Conf. #8565
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	March 12, 2004
TOTAL AMOUNT OF PAYMENT (\$ 120.00)		First Named Inventor	Kazuhito MATSUDA
		Examiner Name	M. J. Lalos
		Art Unit	1795
		Attorney Docket No.	TOW-087RCE

<b>METHOD OF PAYMENT</b> (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account   Deposit Account Number: <u>12-0080</u> Deposit Account Name: <u>Lahive &amp; Cockfield, LLP</u>					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

<b>FEES CALCULATION</b>																							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																							
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<b>2. EXCESS CLAIM FEES</b>																							
<table border="1"> <tr> <td><b>Fee Description</b></td> <td><b>Small Entity</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee (\$)</b></td> </tr> <tr> <td>Each claim over 20 (including Reissues)</td> <td></td> <td>50</td> <td>25</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td></td> <td>210</td> <td>105</td> </tr> <tr> <td>Multiple dependent claims</td> <td></td> <td>370</td> <td>185</td> </tr> </table>								<b>Fee Description</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	Each claim over 20 (including Reissues)		50	25	Each independent claim over 3 (including Reissues)		210	105	Multiple dependent claims		370	185
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				<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>																		
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- 100 =	/50 =	(round up to a whole number)																					
<b>4. OTHER FEE(S)</b>																							
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Other (e.g., late filing surcharge): <u>1251 Extension for response within first month</u> <u>120.00</u>																							
<b>SUBMITTED BY</b>																							
Signature			Registration No. (Attorney/Agent)	38,220	Telephone	(617) 994-0753																	
Name (Print/Type)	Anthony A. Laurentano		Date	July 17, 2008																			

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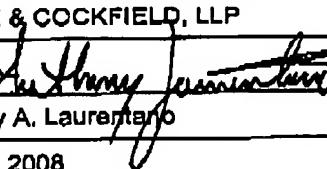
Total Number of Pages in This Submission

Application Number	10/800,230-Conf. #8565
Filing Date	March 12, 2004
First Named Inventor	Kazuhito MATSUDA
Art Unit	1795
Examiner Name	M. J. Laios
Attorney Docket Number	TOW-067RCE

## ENCLOSURES (Check all that apply)

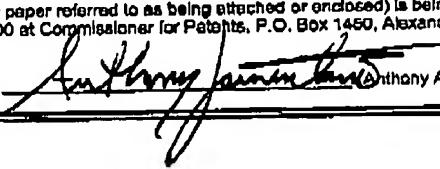
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
	<input type="checkbox"/> Remarks	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Anthony A. Laurentano		
Date	July 17, 2008	Reg. No.	38,220

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